

MEAL CARD VERIFICATION FORM

For use of this form, see AR 600-38; the proponent agency is DCS,G-4.

TO:		FROM:		
UNIT OPERATING DINING FACILITY		DATE OF CHECK	MEAL PERIOD	
NO. OF PERSONNEL CHECKED		NO. OF IRREGULARITIES		
	DINER'S NAME a.	MEAL CARD NUMBER b.	MEAL CARD ISSUE ACTIVITY c.	DINER'S STATUS d.
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Use reverse of form for additional entries or continuation of remarks

REMARKS

HEADCOUNTER

TOTAL HEADCOUNT THIS MEAL	HEADCOUNT SAME MEAL LAST WEEK	SIGNATURE	DATE
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